

Limitation Extension Request for Clients Under Age 21

The Limitation Extension process gives you a way to tell us why you need more hours of personal care in order to complete your personal care tasks. We will authorize more hours if we find they are necessary to correct or improve your condition, or prevent your condition from getting worse.

You can use this form and the LE Task Explanation forms to tell us why you need more hours than you received through your CARE Assessment and Exception to Rule request. If you need help filling this out and you do not have someone to help you, we will talk to you in person to get this information. We know clients may not be filling out the form or may be getting help filling out the form. We use the word "you" in the form to refer to the client. Wherever the word "you" is written, it means the client.

Basic Information				
CLIENT'S NAME			CLIENT'S DATE OF BIRTH	
If someone other than the client is filling out this form:				
FORM COMPLETED BY:			RELATIONSHIP TO CLIENT	
EMAIL			DAYTIME PHONE NUMBER (AREA CODE)	
CLIENT'S MAILING ADDRESS: STREET			APARTMENT	CITY
			STATE	ZIP CODE
			WA	
Personal care hours				
<input type="checkbox"/> Current CARE Assessment hours: <input type="checkbox"/> Approved Exception to Rule hours: <input type="checkbox"/> Additional hours you are requesting by Limitation Extension:				
Health conditions that require assistance with personal care tasks				
Explanation of need				
1. For each task or treatment that you need someone to help you with, use the LE Task Explanation form, DSHS 10-505, to explain. Use as many forms as needed. Wherever the word "you" is written, it means the client. 2. Tell us who helps you and how they help you get the tasks and treatments you described above done each week. Wherever the word "you" is written, it means the client.				
What help do you usually have on weekday mornings?				
NAME	IS THIS PERSON 18 OR OLDER?	IS THIS PERSON PAID OR UNPAID?	RELATIONSHIP TO YOU	DESCRIBE THE TYPE AND AMOUNT OF HELP THIS PERSON CAN GIVE
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

What help do you usually have on weekday afternoons?				
NAME	IS THIS PERSON 18 OR OLDER?	IS THIS PERSON PAID OR UNPAID?	RELATIONSHIP TO YOU	DESCRIBE THE TYPE AND AMOUNT OF HELP THIS PERSON CAN GIVE
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What help do you usually have on weekday evenings?				
NAME	IS THIS PERSON 18 OR OLDER?	IS THIS PERSON PAID OR UNPAID?	RELATIONSHIP TO YOU	DESCRIBE THE TYPE AND AMOUNT OF HELP THIS PERSON CAN GIVE
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What help do you usually have during the nighttime?				
NAME	IS THIS PERSON 18 OR OLDER?	IS THIS PERSON PAID OR UNPAID?	RELATIONSHIP TO YOU	DESCRIBE THE TYPE AND AMOUNT OF HELP THIS PERSON CAN GIVE
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What help do you usually have on the weekends?				
NAME	IS THIS PERSON 18 OR OLDER?	IS THIS PERSON PAID OR UNPAID?	RELATIONSHIP TO YOU	DESCRIBE THE TYPE AND AMOUNT OF HELP THIS PERSON CAN GIVE
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Please tell us why you do not have enough help from unpaid caregivers to get all necessary tasks done. Wherever the word "you" is written, it means the client.				

Parents are expected to take care of any children under 18 even though they work or have other children. Are there reasons, other than work or having other children, why your parents (biological, step or adoptive) are unable to provide enough help to get your tasks and treatments done by themselves?

Are there any other reasons you do not have enough unpaid help to get your tasks and treatments done?

4. Are you giving us other information to explain why you need additional hours? If yes, you may use this chart to tell us how this information shows your needs. Wherever the word "you" is written, it means the client.

NAME OF DOCUMENT	NUMBER OF PAGES	WHAT DOES THIS DOCUMENT SHOW ABOUT YOUR NEEDS OR THE AVAILABILITY OF UNPAID HELP?

**Limitation Extension Request Form for Clients Under Age 21
Instructions**

In the Basic Information Section:

- Enter client's name.
- Enter client's date of birth.

If someone other than the client is filling out the form:

- Enter the name of the person filling out the form.
- Describe the relationship of the person filling out the form to the client.
- Enter the email address of the person filling out the form.
- Enter the daytime phone number of the person filling out the form.
- Enter the client's mailing address

Request for Additional Hours

- Enter the number hours authorized by your CARE assessment.
- Enter the additional hours authorized by Exception to Rule.
- Enter the additional hours you are asking for by the Limitation Extension process.

Health Conditions that require assistance with personal care tasks:

Explain any health conditions that require assistance with personal care tasks.

Explanation of Need:

Use the LE Task Explanation Forms to explain **each** task or treatment that you need someone to help you with. You may use as many of these forms as you need to. There are separate instructions for filling out the LE Task Explanation form. Be sure to read those carefully.

What help do you usually have during the day, at night, or on weekends?

Tell us who helps you and how they help you get the tasks and/or treatments listed on the LE Task Explanation Forms done each week. Wherever the word "you" is written, it means the client.

For each person who helps with the task or treatment, tell us about that help for each part of the day and on weekends. The parts of the day listed on the form are weekday mornings, weekday afternoons, weekday evenings, nighttime, and weekends.

Enter the name of the person that helps you at the time of the day listed on the form (e.g.: Grandfather helps you get dressed on weekday mornings or mom and dad help you take a bath on weekday nights or caregiver helps you eat breakfast on weekend mornings.)

- If the person helping you is 18 years of age or older, enter "yes" and enter "no" if the person is under 18 years of age.
- If the person is paid to help with the task, enter "yes" and enter "no" if the person is not paid to help with the task.
- Enter the type of relationship the person has with you (e.g. parent, sibling, neighbor, school staff)
- Enter the type of help the person provides and the amount of help they provide (e.g. Open medication container, remove dose, place in client's hand, watch them put it in their mouth and swallow it.)

Explain why you do not have enough help from unpaid caregivers to get all necessary tasks done. Wherever the word "you" is written, it means the client.

For clients under the age of 18, explain the reasons, other than work or having other children, why parents are unable to provide enough help to get the tasks and treatments done.

In the space provided explain the reasons why parents are unable to give enough help with the tasks and treatments to get them done.

Are there any other reasons you do not have enough unpaid help to get your tasks and treatments done?

In the space provided explain any other reasons why your unpaid help is not enough to get the tasks or treatments done.

Are you giving other information to explain why you need additional hours? If yes, you may use this chart to tell us how this information shows your needs. Wherever the word "you" is written, it means the client.

- Enter the name of the document you are submitting.
- Enter the number of pages in the document.
- What does the document say about your personal care needs or the availability of unpaid help?